

## Office of Administration

### Commissioner's Office

#### "Request for Preauthorization for Other Services"

Program: **Alternatives to Abortion**


Contractor: Nurses for Newborns

Subcontractor: N/A

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.


Client Name: 

Date Enrolled: 5/15/17

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
5/15/17	CAR PAYMENT	281.62	 is out of work on workman's comp and is only getting a portion of her pay.
AMOUNT TO BE REIMBURSED		281.62	

**Please return to Alternatives to Abortion Program Manager, State of Missouri - Office of Administration, Commissioner's Office, State Capitol Building, Room, 125, Jefferson City, MO 65101. May be faxed to 573/751-1212 or emailed to [emily.kraft@oa.mo.gov](mailto:emily.kraft@oa.mo.gov) by the Contractor only!**

Thank you.

Authorized person requesting purchase: 

Approved for purchase: \_\_\_\_\_ Date \_\_\_\_\_

Purchase denied: \_\_\_\_\_ Date \_\_\_\_\_

Reason for denying purchase: \_\_\_\_\_

\_\_\_\_\_



Questions?

Visit [ally.com/auto](http://ally.com/auto) or call 888-925-ALLY (2559)

Statement reflects payment(s) received through: 05/11/17

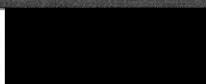
Account Summary

Next Payment		Past Due Payments		Other Unpaid Amounts	
Due Date: .....	05/19/17			Late Charge: .....	\$9.54
Monthly Amount: .....	\$281.62			Miscellaneous: .....	\$0.00
				Extension Fee: .....	\$0.00
Total: .....	\$281.62	Total: .....	\$0.00	Total: .....	\$9.54
<b>STATEMENT TOTAL: \$291.16</b>					

STATEMENT TOTAL: \$291.16

Due Date	Scheduled Payment	Data Paid	Unpaid Balance	Finance Charge	Late Charge	Other Charge	Total Paid
04/19/17	284.54	04/26/17	261.26	0.00	0.00	0.00	261.26

Account Information



Important Account Message

YOUR AUTO ACCOUNT IS A RETAIL INSTALLMENT SALE CONTRACT UNDER WHICH FINANCE CHARGES ARE ASSESSED DAILY ON THE OUTSTANDING BALANCE OF AMOUNT FINANCED. THE TIMING OF YOUR PAYMENT WILL AFFECT THE AMOUNT OF FINANCE CHARGES YOU PAY OVER THE LIFE OF YOUR AUTO ACCOUNT. FOR MORE INFORMATION ON HOW THE TIMING OF YOUR PAYMENT AFFECTS YOUR CONTRACT, PLEASE CALL US AT 1-888-925-ALLY (2559).

Message from GMT Auto Sales: We appreciate your business. As a loyal customer, we want to continue to be your preferred dealership by providing the best possible purchase and service experience. We have thousands of dollars in inventory available on the most popular models.

Saving for a big purchase? No need to switch banks. Just open an Ally Bank Online Savings Account - you'll earn interest rates that are among the most competitive in the country. Plus, there's no minimum balance to open and no monthly maintenance fees. To learn more, visit [allybank.com](http://allybank.com). Ally Bank, Member FDIC.

Don't Want to Mail Your Payment? We have Options:

- Automatic Payments** - Allows your payment to be conveniently transferred from your checking or savings account to Ally, at no cost to you. Please visit [ally.com/auto](http://ally.com/auto) for more information.
- Online Payments and Billing Statements** - Register for Ally Online Services at [ally.com/auto](http://ally.com/auto), add your account, then schedule one-time payments at your convenience or go green with e-statements, at no cost to you.
- Payments by phone or payments online by debit cards** - To hear available options call 888-925-2559. A third party service provider fee may apply.

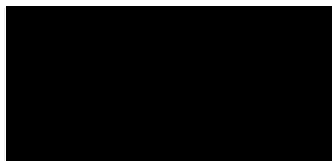
Contact Information: You can reach us by visiting [ally.com/auto](http://ally.com/auto) or call us at 888-925-ALLY(2559)

Do not send cash or post-dated checks. All checks will be processed upon receipt. Make checks payable to ALLY.  
Return the portion below with your payment to the Payment Processing Center address below.

0000-0000



PO BOX 380902  
BLOOMINGTON MN 55438-0902



DUE DATE: 05/19/17  
ACCOUNT NUMBER: [REDACTED]  
STATEMENT TOTAL: \$291.16  
TOTAL AMOUNT PAID: \$

PAYMENT PROCESSING CENTER  
PO BOX 9001951  
LOUISVILLE KY 40290-1951

